COOPER & DUNHAM LLP

ATTORNEYS AT LAW

1185 AVENUE OF THE AMERICAS, NEW YORK, NEW YORK 10036

TELEPHONE: (212) 278-0400

CHRISTOPHER G. DUNHAM NORMAN H. ZIVIN JOHN P. WHITE WILLIAM E. PELTON ROBERT O. KATZ DONNA A. TOBIN RICHARD S. MILNER RICHARD F. JAWORSKI PAUL TENG GARY J. GERSHIK JASON S. MARIN MARIA V. MARUCĆI ARIAN A. BARYALAI ASHTON J. OELAUNEY CINDY YANG RON BILLINGSLEY DAVID J. KERWICK* TONIA A. SAYOUR*

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*NEW YORK STATE BAR ADMISSION PENDING
PLEASE DELIVER THE FOLLOWING PAGES

DANIEL N. SMITH*

TO: Miss Dale Hall

COMPANY/FIRM: USPTO

FAX NO.: 703 - 872 - 9306

SUBJECT: Appln. No. 09/729,482

FROM: JAY H. MAIOLI

TOTAL NUMBER OF PAGES, INCLUDING COVER PAGE: 14

DATE: July 15, 2004

TIME:

MESSAGE: Miss Hall:

Here is the Amendment referred to in the RCE.

Regards, Jay H. Maioli

PLEASE ACKNOWLEDGE SAFE RECEIPT IN LEGIBLE FORM OF THIS TRANSMISSION BY SIGNING, DATING AND TRANSMITTING THE SIGNED AND DATED COVER SHEET BACK TO US BY FACSIMILE.

SIGNED DATED_____

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PAGE 1/14 * RCVD AT 7/15/2004 10:45:08 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/2 * DNIS:8729306 * CSID:12123910526 * DURATION (mm-ss):03-18

Applicant	Mari Horiguchi et al	
Client	Sony (7217) File No	63307 Any. JHM/PCE
	February 12, 2004	
	Kindly acknowledge receipt of th	ne accompanying

In connection with serial No. 09/729,482

- 1) Amendment After Final with certificate of Mailing dated February 12, 2004
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7217/63307

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applican	t: Mari Horiguchi et al.	
Serial No	o.: 09/729,482	
Filed:	December 4, 2000	
For:	APPARATUS CONTROL METHOD AND TRANSMISSION DEVICE	
Date:	February 12, 2004	
Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
Sir:		
Transmitted herewith is an Amendment in the above-identified application.		
<u>x</u>	No fee is required.	
	The fee has been calculated as shown below.	
	Total claims in excess of previously paid for, at \$18 (\$9)	
	Independent claims in excess of previously paid for, at \$80 (\$40)	
	Additional Fee for this Amendment	
	This Response is being filed within the first month, second month, third month, fourth month, fifth month following the expiration of the term originally set therefor. Applicants Petition for an extension, and the fee of \$110 (\$55), \$420 (\$210), \$950 (\$475), \$1,480 (\$740), \$2,010 (\$1,005) is due and paid herewith.	
	The fee of \$ set by 37 C.F.R. 1.17(p) for the Information Disclosure Statement is due and pain herewith.	
	A check in the amount of \$ is attached.	
X	Please charge any additional fees or credit any overpayment to Deposit Account No. 03-3125.	
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COOPER & DUNHAM LLP 1185 Avenue of the Americas New York, NY 10036 Telephone (212) 278-0400